

MA WAIVER ELIGIBILITY AND COST SHARING WORKSHEET
Completion of this form meets the requirements of the Federal Regulations 42 CFR 435.

Name		Medicaid ID Number:	
Check One: Application Review/Recertification Change	Medicaid Eligibility Date		
Care Manager	ESS	ESS#	Date

SECTION I – FINANCIAL RESOURCES (Complete for all Applicants)

1. Nonexempt Assets	\$
2. Gross Earned Income	\$
3. Total Unearned Income	\$
4. Total Income (2 + 3)	\$
Group A (Applicant is currently eligible for Medicaid) Care Manager checks eligible category and completes sections II and V for the following types: _____ SSI Recipient _____ SSI-E _____ 1619 _____ Katie Beckett Other Medicaid Eligibility: Economic Support Specialist writes in Type and Category Code: Other Medicaid Type (Specify) _____ CARES Category code (Specify) _____	

NOTE: This form may be used for a Group B or Group C applicant only if the applicant is institutionalized at the time of application
 _____ **Group B** Special Income Limit (ESS completes Sections III and V)
 _____ **Group C** Medically Needy (ESS completes Sections IV and V)

SECTION II – SPECIAL DECLARATION REGARDING DIVESTMENT FOR GROUP A WAIVER APPLICANTS WHO RECEIVE SSI

Care Manager: Ask the applicant both of the following questions:

- “Have you or your spouse sold, traded, transferred or given away property, land stocks, bonds, cash, vehicles, or anything of value in the past 36 months?”
- “Have you or your spouse created a trust or added funds to a trust within the last 5 years?”

Yes. Complete DDES-919-D and Refer Applicant to Economic Support Specialist for Investigation and Determination. After Economic Support Specialist Makes Determination, Proceed to Section V.

No. Proceed to SECTION V.

SECTION III – COST SHARING/GROUP B UNDER “SPECIAL INCOME LIMIT” “When Spousal Impoverishment Protections Apply”, Substitute Income Allocation Worksheet for Section III

1. Total Income	\$
2. Personal Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
3. Family Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
4. Special Exempt Income	\$
5. Health Insurance Premium	\$
6. Out of Pocket Medical/Remedial Expenses Obtain this figure from case manager.	\$
7. Total Deductions (2 + 3 + 4 + 5 + 6)	\$
8. Waiver Cost Share Amount (1 – 7) The amount on line 8 is monitored and documented by the case manager. Proceed to Section V.	\$

SECTION IV – FOR GROUP C MEDICALLY NEEDED

1. Gross Earned Income (2)	\$
2. \$65 and ½ Disregard	\$
3. (1 – 2)	\$
4. Total Unearned Income (3)	\$
5. (3 + 4)	\$
6. \$20 Disregard	\$
7. Balance (5 – 6)	\$
8. Special Exempt Income	\$
9. Countable Income (7 – 8)	\$
10. Health Insurance Premium	\$
11. Balance (9 – 10)	\$
12. Monthly Medical/Remedial Expenses Obtain this figure from case manager	\$
13. Balance (11 – 12)	\$
14. MA Card Coverable Services	\$
15. Balance (13 – 14)	\$

If the Balance on line 15 is greater than the current medically needy income limit, the applicant is ineligible for MA Waivers. Proceed with all eligible Group C Applicants.

SPENDDOWN DETERMINATION FOR ALL ELIGIBLE GROUP C APPLICANTS

16. Balance (from line 11)	\$
17. Current Medically Needy Income Limit	\$
18. Spenddown Amount (16 - 17)	\$
The amount on line 18 must be incurred by the applicant on a monthly basis to sustain eligibility. This is monitored and documented by the case manager. Now complete an income allocation worksheet for all spousal impoverishment cases. Proceed to Section V.	

NEXT MA REVIEW DUE Reviews must be completed every 12 months	
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SECTION V – STATEMENT OF ELIGIBILITY. COMPLETE FOR ALL MA WAIVER APPLICANTS. (Check One)

Applicant is eligible under Group A.

Applicant is ineligible for waiver services under Group A for ____ months due to Divestment.

Applicant is eligible under Group B with no cost share.

Applicant is eligible under Group B with a cost share of \$ _____ per month.

Applicant is eligible under Group C with no spenddown.

Applicant is eligible under Group C with a monthly spenddown of \$ _____ (Line 18).

Applicant is eligible under Group C with a monthly spenddown of \$ _____ (Line 18) and monthly cost share of \$ _____

Applicant is ineligible under Group C – not medically needy.

ALLOWANCE DETERMINATIONS FOR SECTION III**PERSONAL MAINTENANCE ALLOWANCE CALCULATION**

Add the amounts in a, b, and c. Enter the total personal maintenance allowance on page 1, Section III, line 2. This total must not exceed \$ _____ (figure adjusts annually).

a. Basic Needs Allowance _____

Everyone is allowed the basic needs allowance of \$ _____

b. Earned Income Disregard _____

People who have earned income are allowed an additional \$65 & ½ of the remaining income.

c. Special Housing Amount _____

The special housing amount is an amount of the person's income set aside to help pay high housing costs. If the housing costs are over \$350 per month, the waiver applicant may be eligible for the special housing amount.

Special Housing costs include only the following:

- a. Rent _____
- b. Insurance _____
- c. Mortgage _____
- d. Property Tax (includes special assessments) _____
- e. Utilities (heat, water, sewer, electricity) _____
- f. Rent in an Adult Family Home, CBRF, or RCAC. _____

Add together all housing costs. If the amount is more than \$350 per month, the special housing amount equals monthly housing costs minus \$350.

If both members of a couple are applying and both have income, divide the housing amount equally between them. If only one spouse of a couple has income and both are applying, allocate the full housing amount to the spouse with income.

Note: The special housing amount does not apply to waiver participants under the age of 18 years.

FAMILY MAINTENANCE ALLOWANCE CALCULATION

Calculate the family maintenance allowance and enter it on page 1, Section III, line 3, using formula a or b.

a. For AFDC-related households in which the waiver participant is the custodial parent of minor child(ren) living in the household and there is no spouse in the household:

(1) Minor children's gross earned income _____

(2) Enter \$65 & ½ of gross earned income (30.1.0) _____

(3) Subtract (2) from (1) _____

(4) Minor children's total unearned income _____

(5) Add (3) and (4) _____

(6) Enter AFDC related medically needy income limit (30.4.0) _____

(Group size is the number of minor children in the household. Do not include the waiver applicant.)

(7) If (5) is greater than (6), there is no family maintenance allowance. If (5) is less than (6), the family maintenance allowance is the difference between (5) and (6).

b. For households in which there are no minor children living in the household and there is a spouse in the household but spousal impoverishment policies don't apply.

(1) Spouse's gross earned income _____

(2) Enter the first \$65 & ½ of total gross earned income _____

(3) Subtract (2) from (1) _____

(4) Spouse's total unearned income _____

(5) Add (3) and (4) _____

(6) Enter \$20 disregard _____

(7) Subtract (6) from (5) _____

(8) Enter the SSI-E payment level for 1 person (figure adjusts annually) _____

If (7) is greater than (8) there is no family maintenance allowance. If (7) is less than (8) the family maintenance allowance is the difference between (7) and (8).